NEVADA

Nevada Evaluation Plan

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The State of Nevada Department of Health and Human Services Office of Health Information Technology is pleased to submit Nevada's 'NW-HIN Direct Project Messaging High-Level Plan / Overview' to the Office of the National Coordinator for Health Information Technology, pursuant to the State Health Information Exchange Cooperative Agreement Program established by the American Recovery and Reinvestment Act of 2009 Health Information Technology for Economic and Clinical Health Act.

Contents

1 Overview

As part of the Cooperative Funding Agreement, the NHIE shall conduct an annual state wide program evaluation, starting in May 2013. The evaluation will give the Nevada Department of Health and Human Services (DHHS) and the Office of the National Coordinator (ONC) more insight on successful approaches and strategies to facilitate and expand health information exchange. This document describes the evaluation aims, approach and methodology to conduct such an evaluation and is submitted with the 2012 update of State Health Information Technology Strategic and Operational Plan.

DHHS and the Governing Body, the Nevada Health Information Exchange (NHIE) corporation, may assign a third party to conduct the evaluation which that have no financial interest in the NHIE, have extensive network in the Nevada healthcare ecosystem and have proven experience and knowledge of conducting evaluations or similar activities.

> Note To Reader: At the time of this version of the Strategic and Operations Plan, the NHIE organization is in the early stages of formation (i.e., the Board of Directors have just passed the By Laws, the Executive Director has not been hired, no staff have been hired). The State is in a position of defining evaluation requirements, but not in a position for defining how NHIE will conduct the capture and evaluation of measures. Until such time as NHIE is fully established and can contract with the State for the services associated with HIE evaluation, this plan will be necessarily high level in nature.

2 Background and Context

In February 2010, the Department of Health and Human Services was granted $6.1 million through the Cooperative Agreement by ONC to establish a statewide HIE. Nevada's roadmap to creating and maintaining a financial and sustainable statewide HIE, was captured in the Nevada HIT Strategic and Operational Plan, as was approved by ONC in May 2011. Meanwhile the Nevada has begun establishing the NHIE a non-profit corporation that will govern the statewide HIE and will operate necessary HIE technical solutions and infrastructure (directly or by contracted services). To enable health information exchange among providers, payers and patients, and more specifically support the three key priority areas, NHIE will initially deploy two services.

1. NV DIRECT Secure Messaging (NV DIRECT) is based on the National DIRECT Project, and uses a secure clinical messaging protocol and aims to address the need for a single standard for exchanging health information electronically and securely. NV DIRECT benefits patients, providers, and payers by improving the exchange of health information, making it more secure, more efficient and less expensive. NV DIRECT specifies a simple, secure, scalable, standards-based way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the Internet. NHIE will deploy this service in the fall of 2012.

2. Robust or Query Based HIE network (HIE) that will be based on ONC standards and guidelines and that will support integration and communication with stakeholders among

the NV healthcare ecosystem. The core HIE services will include Master Patient Index, Provider Indices (Facility and Individual), Consent Management, secure message delivery, and other services as needed to support Providers in meeting Meaningful Use requirements. The HIE statewide platform will also enable a view of a comprehensive, electronic longitudinal view of a patient's medical record via a clinical portal. NHIE is planning to deploy this service by mid to late 2013.

2.1 Key Approaches and Strategies to Increase Exchange in Priority Areas

There are two key tenets to Nevada's approach and strategy to improve health information exchange in (1) Laboratories participating in delivering electronic structured labs (2) Pharmacies and providers participating in e-Prescribing (3) Providers exchanging patient summary of care records and (4) obtaining Patient Consent. These are:

1. Procurement and deployment of HIE Services (e.g. NV DIRECT and Robust HIE capabilities); and
2. Targeted education and outreach to patients, providers (including ancillary providers), and payers.

These efforts will be supported by coordination and collaboration with stakeholders in the Nevada health care community and beyond, including the University of Nevada School of Medicine, Nevada State Medical Association, Nevada Hospital Association, Northern Nevada Development Authority, Nevada Medicaid, the Silver State Health Insurance Exchange, Nevada Board of Pharmacy, and others.

2.1.1 Laboratories

100% of Hospital labs and the majority of independent labs are able to send structured lab results electronically. As such, the Nevada plan will focus on providing outreach and education services to the providers which are not yet enabled or willing to receive and share electronic lab results.

- Conducting outreach with small, independent labs to promote health information exchange participation. This is a small group of independent labs that are not able to afford implementing and operating electronic exchange of results.
- Potentially offering Software as a Service (SaaS) solution and NV DIRECT Secure Messaging to the small, independent labs which require technical capabilities for result exchange.
- Ensuring continued and consistent collaboration with the large laboratories to promote participation in sharing electronic results with the State and planning for potential participation in statewide HIE.
- Formulating outreach and awareness program for providers that do not have exchange capabilities or who have not begun to use their existing capabilities.

2.1.2 e-Prescribing

A vast majority (>95%) of the Pharmacies in Nevada are e-Prescribing enabled and receiving prescriptions electronically. As of 2011 43% of the Providers are active e-Prescribers and 24% of the total prescriptions were routed electronically.

- Focusing recruitment, outreach, and incentive efforts on small and rural pharmacies and providers that face the largest barriers to e-prescribing.
- Providing NV DIRECT and SaaS solution to rural and urban providers to support order of medication or prescribing.
- Utilize a survey instrument to assess rationale for providers not using available e-prescribing services (e.g., patients wanting paper copies, cost, trust in delivery of prescriptions to the correct pharmacy, etc.).
- Formulating outreach and awareness program for providers that do not have exchange capabilities or who have not begun to use their existing capabilities for e-prescribing.
- Working with the Nevada Board of Pharmacy, Nevada State Medical Association, and other organizations (e.g., SureScripts) to conduct workshops to promote increased usage of existing e-prescribing technical services.

2.1.3   Clinical Summaries

The 2010 NV Health Information Technology Statewide Assessment did not include a gap analysis on the usage of the clinical summary exchanges by providers. To create a better understanding of current level of clinical summary sharing (electronic and paper based exchange) OHIT is currently conducting a survey amongst providers to assess the capabilities to exchange clinical summaries and to identify barriers and leading practices for adopting EHR technology. Based on these findings, the State and/or the NHIE (depending on timing) will do the following:

- Develop an outreach and communication plan for Providers determined to be in gap areas, as identified in the 2012 HIT Survey. The performance of that plan will be designed to create awareness, build understanding, create support and involvement and ultimately increase adoption of electronic exchange of patient clinical summaries.
- Provide technical capabilities via NV DIRECT and HIE SaaS services to providers enabling the exchange of clinical care summaries.

2.1.4   Patient Consent

Provisions in the Nevada Revised Statutes (NRS) 439.581 through 439.595 include the requirement to obtain patient consent before transmitting their electronic health records to the health information exchange system. Pursuant to state law, consent from Medicaid and CHIP beneficiaries is not required, nor may they opt-out of having their health information transmitted via HIE.

The implementation of NRS patient consent requirements will consist of several key efforts including:

- Define and execute an outreach and communications plan that is focused on Nevada residents. The objectives include creating awareness about HIE capabilities and patient rights for consent; building understanding of the value HIE services provide individuals and their family members; creating support and involvement by Nevada residents; and ultimately, obtain patient consent from the largest population possible.
- Implement a common consent management service at the State level, thereby enabling private HIEs to avoid developing their own services and providing Nevadans with a

single point of contact for establishing their consent for electronic exchange of their health information.

- Establishing the mechanisms and processes by which individuals can submit their consent requirements while verifying the individuals are who they say they.

2.2 Initial Outcome Measures and Source Data by Priority Area

The table provided below in Figure 1 summarizes the initial measures that will be used to evaluate NHIE's progress in achieving the goals set forth in each of the priority areas. In addition, the table lists known or expected sources of data that will be used to compute or monitor these measures.

It is expected that the NHIE organization, and the HIE vendor they select, will provide greater specificity to the HIE outcome measures based on the data that will be known to be available. The State sees this evaluation plan as an iterative process at this early stage of the NHIE maturity.

Program Priority Area	HIE Outcome Measures	Source
Electronic Exchange of Structured Laboratory Results	• Utilization of labs sending lab results electronically • NV DIRECT utilization rates by labs • Labs enrolled in statewide HIE	• (Phone/Online) Survey • HISP data • HIE Vendor data
Electronic Prescribing (e-prescribing)	• Utilization of pharmacies and providers receiving prescriptions electronically • e-Prescribing enabled rural and small providers and pharmacies • NV DIRECT utilization rates by Pharmacies • Pharmacies enrolled in statewide HIE	• Surescripts • Surescripts and survey • HISP data • HIE Vendor data
Electronic Exchange of Care Summaries	• Utilization of providers exchanging clinical care summaries electronically • # of providers enrolled in NV DIRECT • # of providers enrolled in statewide HIE	• Survey • HISP data • HIE Vendor Data
Patient Participation in HIE Activity	• % of patients provided consent	• HIE Vendor Data

Figure 1. HIE Outcome Measures by Program Priority Area

3 Evaluation Aims

The goal of the evaluation plan is to gain insight to the NHIE performance to learn what approaches and strategies have been successful and how they can be used to expand health information exchange over time. This insight will be discovered through the collection of qualitative and quantitative data on:

1. Performance measures in each of the program priority areas (as noted above);
2. Assessments of NHIE's key strategies and approaches to determine how each contributed to achieving the priority areas objectives, including lessons learned; and
3. Conditions that supported and/or hindered implementations of those strategies.

AIM	Goal	Specific Research Questions
I. **Performance in priority areas**	Analyze HIE performance in each of the key priority areas.	**Research Question 1.1:** How has HIE performance in priority areas progressed against baseline 2010 HIT Assessment (if available) **Research Question 1.2:** What part of increase in HIE performance in priority areas can be credited to the NHIE?
II. **Stakeholder/ engagement and outreach**	Identify the approaches and strategies for stakeholders that encouraged HIE.	**Research Question 2.1:** Which of the approaches were critical in increasing adoption of HIE? **Research Question 2.2:** What is the current status of adoption (i.e. providers, labs, pharmacies and patients) and usage?
III. **Feedback and continuous improvement**	Identify conditions that supported and hindered implementations of those strategies to continuously refine and improve NHIE's strategy.	**Research Question 3.1:** What conditions (e.g. policies, incentive payments, leadership, and regulations) have been critical to increase HIT adoption and what conditions prevented success (e.g. economic situation, priority, efforts vs benefits)? **Research Question 3.2:** What elements during outreach and implementation effort have been underestimated?

Figure 2. Evaluation Aims and Research Questions

4 Methodology

4.1 Study Design

The evaluation study will encompass quantitative and qualitative elements to gain insight in NHIE performance and understand which of the strategies and approaches have contributed

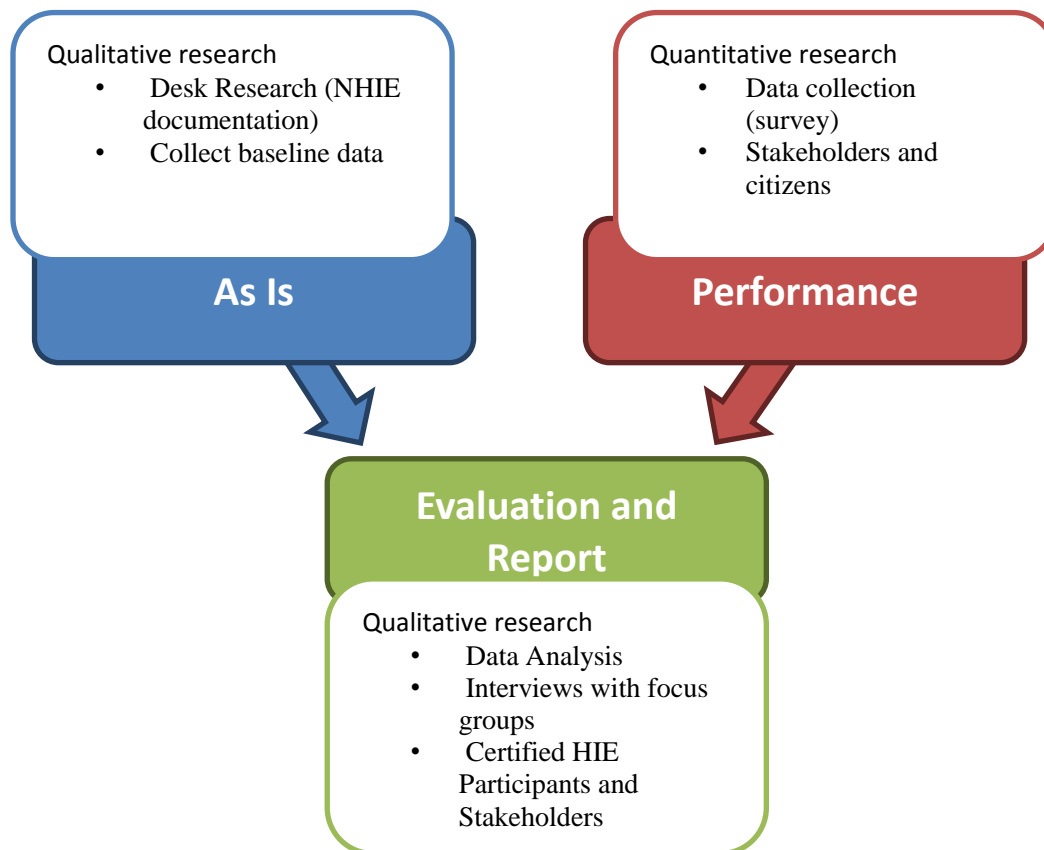negatively or positively. Figure 3 depicts the high level study design, including the research methodologies.

Figure 3: Evaluation Study Design

The As Is component of the evaluation will include an assessment of NHIE documentation and interviews with NHIE staff to verify findings and to explore specific areas in more detail. NHIE performance will be measured by collecting data on the usage of HIE. If this data is not publicly available, an internet survey (random sampling) will be conducted among Nevada's healthcare providers, labs, pharmacies, and its citizens. The actual data analysis and identifying the relationship or correlation between approach and performance will be performed during the evaluation and report phase. Data analysis will be performed by applying quantitative (statistical) and qualitative analysis methodologies, as described in Section 4.2.

4.1.1　Interviews

In order to capture more in-depth perspectives interviews will be arranged with stakeholders. A number of potential stakeholders are listed in Attachment A. To maximize the number of views representing the qualitative data gathering effort, a variety of outreach methods will be considered.

- Leverage NHIE partnerships to extend outreach through newsletters, postings on Web sites, and distribution of information through electronic mailing lists.
- Phone calls, emails and follow ups to leaders of Nevada provider associations, various HIT and HIE work groups to inform them of the assessment process, to identify the best methods for reaching out to their members and constituencies, and to coordinate the scheduling of focus groups and interviews.
- Distributing a fact sheet describing the assessment and State level HIT and HIE planning efforts and invitations.

An interview template will be used to guide the discussion during each stakeholder interview and maintain consistency of the topics covered. The interviews will be conducted in-person or by telephone. Eventually, each interview will be reviewed and evaluated in the results, as described in the qualitative analysis section 4.2.2.

4.1.2 Surveys

The quantitative evaluation component will consist of collecting data to measure NHIE performance on facilitating and supporting health information exchange among the Nevada ecosystem and educating its citizens. To solicit feedback from stakeholders NHIE will conduct a (online) survey, which will meet the requirements as outlined in the tables (i.e. table 1-4) below. The preferred methodology will be sampling in which a random selection of stakeholders (e.g. providers, pharmacies, citizens) of the total population will be asked completing the survey to estimate the characteristics of the whole population.

One of the biggest concerns when conducting an online survey is evaluating if the response pool is indeed a representative sample. Because of the online nature of the survey, there are three potential
types of bias in the results which will be addressed:

- Undercoverage bias – A portion of the target population is not notified of the survey, due to the nature of online surveys, unavailability of comprehensive provider information and time constraints.
- Nonresponse bias – Some portion of the population have the opportunity to respond, but choose not to.
- Voluntary response bias – Respondents are self-selecting and may be motivated to respond because they see the survey as an opportunity to express their point of view.

In addition, common known survey principles are applied promoting the response time, rate and quality, including survey brevity (single page), questionnaire construction, advance letters, follow up, and guarantee anonymity.

The tables below will provide the guidelines and requirements necessary to develop the survey content, and participant recruitment.

Survey 1: Laboratories

Evaluation Aim	**I & II** Collecting data on laboratories participating in delivering electronic structured lab results.
Survey questions (example)	• Is the laboratory able to exchange structured lab results. • Which methodologies are used to exchange structured lab results. (NV Direct, statewide HIE network, regional network, peer-to-peer –interfaces, or other)? • Which interoperability standards are used to participate in e-Prescribing? • Which percentages of labs results are exchanged electronically versus non-electronically?
Participant recruitment	Collaborate with the Nevada State Health Division that will leverage current communication media and events for awareness and education used as part of the laboratory licensing process and work with Nevada Rural Hospital Partners to gain access to hospitals with laboratory services as well as independent laboratories in rural/frontier geographies.

Table 1: Laboratories Survey Guidelines

Survey 2: e-Prescribing	
Evaluation Aims	**I&II** Collecting data on pharmacies and physicians participating in e-Prescribing.
Survey questions (example)	• Is the pharmacy able to receive e-Prescriptions? • Which methodologies are used to participate in e-Prescribing? (Surescripts Network, NV Direct, HIE network, point-to-point –interfaces, or other)? • Which interoperability standards are used to participate in e-Prescribing? • Is the physician able to send e-Prescriptions? • Which methodologies are used to participate in e-Prescribing? (Surescripts Network, NV Direct, HIE network, point-to-point–interfaces, EHRs)?
Participant recruitment	Pharmacies Board Members

Table 2: E-prescribing Survey Guidelines

Survey 3: Summary of Care Records	
Evaluation Aim	**I&II** Collecting data on physicians exchanging patient summary of care records.
Survey questions	• Is the physician able to exchange patient summary of care

(example)	records? • Which methodologies are used to exchange patient summary of care record? (NV Direct, HIE network, point-to-point – interfaces, or other)? • Which interoperability standards are used to exchange patient summary of care records?
Participant recruitment	Leverage NHIE connections with the Nevada Medical Society to obtain contact information of a representative group.

Table 3: Summary of Care Records Guidelines

Survey 4: Citizen and Patient Awareness	
Evaluation Aim	**I&II** Collecting data on patient awareness on the statewide Health Information Exchange and opt-out policy.
Survey questions (example)	• Is the citizen aware of the patient consent requirement for exchanging health information electronically? • Is the citizen aware of the statewide HIE? • Is the citizen familiar with the benefits of HIE? • Is the citizen informed by its healthcare providers on the statewide HIE and the need for patient consent? • How should the citizen rate the Patient Consent brochure on a scale between 1 and 5?
Participant recruitment	Engage an agency with experience in consumer surveys in Nevada, incorporate estimate costs of contracting such an agency in the budget plan.

Table 4: Citizen and Patient Awareness Survey Guidelines

4.1.2.1   Study population

In order to determine the sample size of the online survey the different population sizes should be identified. Table 5 depicts an overview of the current survey population sizes and determined sample sizes which have sufficient statistical power to make inferences about the population from the samples.

Survey Study Population	Population Size	Population Criteria	Sample Size[1]	Outcome
Providers	5,503[2]	National Plan and Provider Enumeration System (NPPES) • individual (Type1) NPIs; and • group (Type 2) NPIs.	364	Providers transmitting CCD electronically

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[1] Krejcie, Robert V., Morgan, Daryle W., "Determining Sample Size for Research Activities", Educational and Psychological Measurement, 1970
[2] National Plan and Provider Enumeration System (NPPES) database containing all individual (Type 1) National Provider Identifiers (NPIs) and group (Type 2) NPIs, May 2010

Laboratories	94	All Nevada based laboratories	76 or all	Labs sending structured lab results electronically
Pharmacies	1042	All Nevada based pharmacies	278	Pharmacies using e-Prescribing
Citizens	2,723,322[3]	All Nevada citizens	400	Patients provided consent
Statistical Significance and Level of Confidence	The expected confidence interval of the given sample sizes would be ±4.96 at the 95% confidence level. That is, if 50% of the respondents said they were going to implement an EHR, then the true population value would be between 45.04 and 54.96 with 95% confidence.			

Table 5: Study Population

4.1.3 Focus Groups Meeting

The main goal of conducting focus group meeting is to validate and refine the initial findings and results and identify correlations and relationships between strategy and approaches and NHIE performance.

To establish focus groups, a similar methodology will be employed as the one used for individual interviews. Focus groups could be conducted in person or by telephone and meeting minutes should be recorded. Focus group notes will be reviewed and evaluated in the results, as described in the qualitative analysis section 4.2.2.

The following are the primary stakeholders that are considered for participating in the focus group portion of the assessment:

- NHIE Board of Directors
- Hospital CEOs or CIOs
- Private and Self-funded Health Plans
- Employers
- Laboratories and pharmacies CEO or CIO, including rural and small independent representatives.
- Nurses
- Physicians
- Skilled Nursing Facility Operators
- Indian Health Board of Nevada Tribes

4.2 Data Analysis

After the data has been collected it will be analyzed by applying the appropriate statistical or qualitative methodology.

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[3] U.S. Census Bureau, July 2011

4.2.1 Statistical Survey

The methodology to be used to analyze the survey data will depend on the on how the response format has been formulated. It is recommended to use the three types of response formats as outlined below and apply the applicable data analysis.

Response format	Description	Example Question and Response Format	Data Analysis
Dichotomous	Two options	Is the laboratory able to exchange lab results? • Yes • No	• Counting and percentage • Calculate estimation error
Nominal-polytomous	More than two unordered options	Which methodologies are used to participate in e-Prescribing? • Surescripts Network; • NV DIRECT; • Statewide HIE network; or • Point-to-point interfaces.	• Counting and percentage • Calculate estimation error
Open ended	Open ended	How have you been informed on Nevada's Opt In policy	• Qualitative analysis

Table 6: Response Formats and Data Analysis

It is recommended to stratify the results in two dimensions: urban vs. rural and hospital vs. non-hospital. In order to determine whether the cohorts would provide sufficient statistical power, each population and sample sizes should be determined for each cohort.

The urban vs. rural data will be determined by matching ZIP Codes with managed care regions in Nevada, i.e. areas of mandatory managed care are considered urban while fee-for-service areas are considered rural. Hospital vs. non-hospital population could be determined from data provided by the Nevada State Health Division Bureau of Health Care Quality and Compliance. Subsequently, this data should be matched with the ZIP Code data to obtain marginal totals.

After the survey results have been calculated the outcomes will be compared with Nevada Health IT assessment and adoption 2012 results and NHIE goals in the key priority areas. These have been identified during the desk research.

4.2.2 Qualitative Analysis

There are various ways to analyze open ended interviews and outcomes of focus group meetings. In general the data should be structured in such a way that it becomes easier to compare and draw conclusions. A preferred and well know methodology is coding. In coding the analyst reads and divides the data in segments and labels each segment with a code. The outcomes can be reported by discussing similarities and differences or comparison the relationship between codes.

In case tightly defined interview questions have been developed, it is even possible after coding to conduct quantitative analysis as described in 3.2.1.

As the outcomes of qualitative analysis strongly depend on the assessment of the data analyst, it is recommended to review and validate findings with subject matter experts in focus groups.

5 Approach

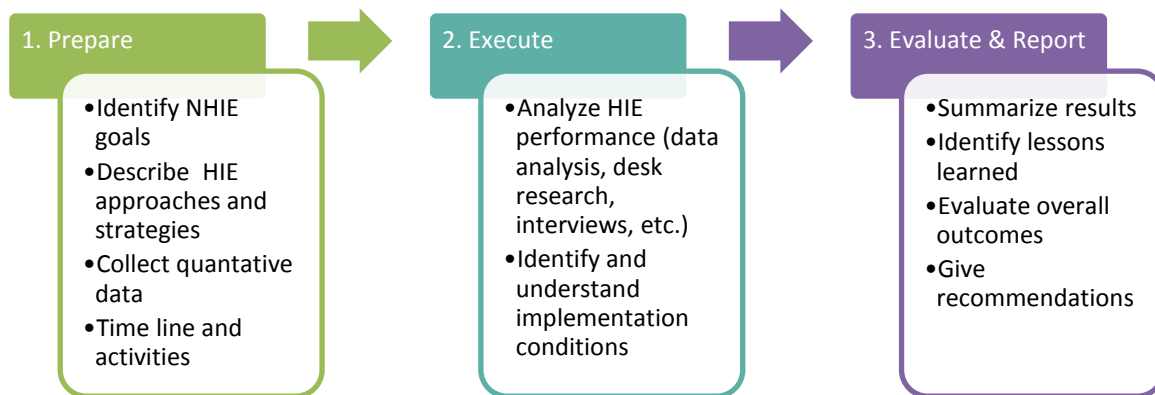Figure 4 depicts the three stages of the evaluation to be conducted.

1. Prepare
- Identify NHIE goals
- Describe HIE approaches and strategies
- Collect quantative data
- Time line and activities

2. Execute
- Analyze HIE performance (data analysis, desk research, interviews, etc.)
- Identify and understand implementation conditions

3. Evaluate & Report
- Summarize results
- Identify lessons learned
- Evaluate overall outcomes
- Give recommendations

Figure 4: Approach Stages of Evaluation

5.1 Prepare

During the preparation stage activities will be performed to ensure a solid foundation for the evaluation. Common project initiation activities will be performed such as assessing back ground information, developing a project plan and reach out to organizations for participation. Key preparation activities include:

- Conduct internal desk research on NHIE gap filling approaches and strategies and NHIE goals. This will include examining the strategic and operational plan and sustainability plan. The third party should clearly distinguish strategies and approaches which are directly related to the four priority areas and those which are indirectly related or general applicable, such as the governance structure or marketing and outreach activities.
- Determine hypotheses which identify the relationship or correlation between strategies and to be measured outcomes. Ensure that the testability and scope of the hypothesis are taken in consideration.
- Collect point of contact information and send out invitations to organizations to participate in the evaluation or organizations that might have data on the usage of health information exchange.
- Assess whether NHIE Network data or data from other resources will provide sufficient statistical power (e.g. sample size) and meet the requirements (e.g. scope, evaluation

aim) to conduct an empirical study. If not, preparations should be made to develop a quantitative survey and recruit participants by sending advance letters.

- Develop and test to be implemented surveys and distributed interviews.
- Schedule interviews with NHIE leadership, staff and other participating organizations.
- Develop a project plan during the initial weeks of the project. The project plan should include timelines, activities, milestones and assigned resources and costs, and project governance.

After this stage there should be a clear vision on the status of Nevada Health IT adoption before the start of the program, a description of NHIE approaches and strategies to facilitate health information exchange and identified conditions that could support or hinder implementation. In addition, NHIE goals in the key priority areas should be identified.

5.2   Execute

The analysis and assessment of NHIE performance and which underlying activities contribute to this will be performed during Stage 2, execution of the evaluation plan.

The key activities to be performed during this stage will be

- Conduct interviews with NHIE staff and leadership to gain insight in which activities have been performed, which of those have been successful and what barriers they may have encountered. These interview results should be marked as qualitative results and should be tested with other parties before incorporating in the results.
- Send out the surveys to the randomly selected participant and follow up with them if they have any questions or comments. It will be recommended to send out more surveys than the actual sample size as it will not be likely to have a 100% response rate. Depending on the approved budget by NHIE incentives could be implemented to increase the response time and rate.
- After the completed surveys have been collected and the required sample size is met, the surveys can be analyzed by applying the appropriate methodologies.
- Conduct research on which underlying conditions support and hinder NHIE approaches and strategies to facilitate and expand health information exchange. Information can be collected through the surveys, interviews. Finally, the outcomes can be tested and validated by organizing focus groups.

5.3   Evaluate and Report.

The final stage of the evaluation will focus on comparing the outcomes of the interviews, surveys and focus groups with *"year 0"* and identifying the critical success factors.

- Evaluate survey outcomes and compare with the "year 0" measurement and NHIE key priority area goals. Assess NHIE performance in each of the areas and indentify any noticeable details (e.g. health IT adoption in rural areas versus urban, hospital based physicians versus smaller physician groups. Evaluate which strategies and approaches have contributed to its success and which have not.

- Identify lesson learned based on the evaluation results. This should also include the conditions to support or hinder NHIE performance. It is recommended to review and validate the outcomes and results with a focus group, consisting of NV Healthcare and Health IT experts. In addition, lessons learned and recommendation to improve the evaluation plan should be given.
- Summarize results in final evaluation report and hand over to NHIE Leadership

Attachment A: Potential Stakeholders to be Interviewed

- College of Southern Nevada
- Carson City Department of Health and Human Services
- Southern Nevada Health District
- Washoe County Health Department
- Nevada State Lab
- University of Nevada School of Medicine
- University of Nevada Office of Rural Health
- Indian Health Board of Nevada Tribes
- Nevada Department of Corrections
- Nevada Division of Insurance
- Nevada Medicaid
- Nevada Secretary of State (maintains the Living Will Lockbox)
- Nevada Department of Health and Human Services Office of Health IT (State HIT Coordinator)
- Nevada Division of Child and Family Services
- Nevada Division of Aging and Disability Services
- Nevada Division of Mental Health and Developmental Services
- Nevada State Health Division (public health)
- Nevada State Health Officer
- State Health Division Bureau of Child, Family and Community Wellness (includes Nevada's Statewide Immunization Registry)
- State Health Division Bureau of Early Intervention Services
- State Health Division Office of Community Health Nurses (health officers for rural counties)
- State Health Division Bureau of Health Statistics, Planning and Emergency Response (Office of Viral Records, Public Health Preparedness program, Primary Care Office, and Emergency Medical Systems Office)
- State Health Division Bureau of Health Care Quality and Compliance (licenses health
- facilities, medical laboratories, and laboratory personnel)
- State Health Division Office of Informatics and Technology
- Nevada Chapter of American Health Information Management Association (NvHIMA)
- Nevada HIMSS Chapter
- Nellis Air Force Base
- Fallon Naval Air Station
- Nevada VA Hospitals – Reno and North Las Vegas
- Nevada Dental Association

- Nevada Osteopathic Medical Association
- Nevada Health Centers, Inc.
- Nevada Hospital Association
- Health Services Coalition
- Nevada Managed Care Quality Improvement Council
- HealthInsight (Nevada's Regional Extension Center)
- Nevada Rural Hospital Partners
- Nevada State Medical Association
- Physician's Managed Care
- Southwest Medical Associates
- Healthcare Partners of Nevada
- U.S. Army National Guard
- Quest Diagnostics
- LabCorp
- Various EHR Vendors
- Healthcare Industry Specialist for the Governor's Office of Economic Development
- Nevada Broadband Task Force